

SERFF Tracking Number:	UNUM-125794860	State:	Arkansas
Filing Company:	Unum Life Insurance Company of America	State Tracking Number:	40101
Company Tracking Number:			
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.005 Combined Short Term and Long Term
Product Name:	STD/LTD		
Project Name/Number:	Enrollment forms/AE-1063 & AE-1064		

Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: STD/LTD

SERFF Tr Num: UNUM-125794860 State: ArkansasLH

TOI: H11G Group Health - Disability Income

SERFF Status: Closed

State Tr Num: 40101

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num:

State Status: Withdrawn

Long Term

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Margaret Munsey

Disposition Date: 09/09/2008

Date Submitted: 08/28/2008

Disposition Status: Withdrawn

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Enrollment forms

Project Number: AE-1063 & AE-1064

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust

Filing Status Changed: 09/09/2008

State Status Changed: 09/09/2008

Corresponding Filing Tracking Number:

Filing Description:

STD/LTD Enrollment forms

Deemer Date:

Company and Contact

Filing Contact Information

Peggi Munsey, Contract Analyst

mmmunsey@unum.com

SERFF Tracking Number: UNUM-125794860 State: Arkansas
Filing Company: Unum Life Insurance Company of America State Tracking Number: 40101
Company Tracking Number:
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: STD/LTD
Project Name/Number: Enrollment forms/AE-1063 & AE-1064

2211 Congress Street (800) 974-2266 [Phone]
Portland, ME 04122 (423) 209-3568[FAX]

Filing Company Information

Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine
2211 Congress Street	Group Code: 416	Company Type: L&H
Portland, ME 04122	Group Name:	State ID Number:
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678	

SERFF Tracking Number: UNUM-125794860 State: Arkansas
Filing Company: Unum Life Insurance Company of America State Tracking Number: 40101
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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$20.00	08/28/2008	22178677

SERFF Tracking Number:	UNUM-125794860	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Rosalind Minor	09/09/2008	09/09/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Rosalind Minor	08/28/2008	08/28/2008			
Industry						
Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Withdraw	Note To Reviewer	Margaret Munsey	09/09/2008	09/09/2008

<i>SERFF Tracking Number:</i>	<i>UNUM-125794860</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>40101</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>STD/LTD</i>		
<i>Project Name/Number:</i>	<i>Enrollment forms/AE-1063 & AE-1064</i>		

Disposition

Disposition Date: 09/09/2008

Implementation Date:

Status: Withdrawn

Comment: As reequested in your Note to Reviewer on 9/9/08, this submission is being withdrawn.

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125794860 State: Arkansas

Filing Company: Unum Life Insurance Company of America State Tracking Number: 40101

Company Tracking Number:

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: STD/LTD

Project Name/Number: Enrollment forms/AE-1063 & AE-1064

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Withdrawn	Yes
Supporting Document	Application	Withdrawn	Yes
Supporting Document	cover letter	Withdrawn	Yes
Form	STD Enrollment Form	Withdrawn	Yes
Form	Disability Enrollment form	Withdrawn	Yes

SERFF Tracking Number: UNUM-125794860 *State:* Arkansas
Filing Company: Unum Life Insurance Company of America *State Tracking Number:* 40101
Company Tracking Number:
TOI: H11G Group Health - Disability Income *Sub-TOI:* H11G.005 Combined Short Term and Long Term
Product Name: STD/LTD
Project Name/Number: Enrollment forms/AE-1063 & AE-1064

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/28/2008

Submitted Date 08/28/2008

Respond By Date

Dear Peggi Munsey,

This will acknowledge receipt of the captioned filing.

Objection 1

- STD Enrollment Form (Form)
- Disability Enrollment form (Form)

Comment:

The enrollment forms must contain a Fraud Statement.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

<i>SERFF Tracking Number:</i>	<i>UNUM-125794860</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>40101</i>
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<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>STD/LTD</i>		
<i>Project Name/Number:</i>	<i>Enrollment forms/AE-1063 & AE-1064</i>		

Note To Reviewer

Created By:

Margaret Munsey on 09/09/2008 08:27 AM

Subject:

Withdraw

Comments:

At this time we would like to withdraw this submission. Please let me know if I need to do anything further for withdrawal. Thank you for your attention to this matter.

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Company Tracking Number:

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: STD/LTD

Project Name/Number: Enrollment forms/AE-1063 & AE-1064

Form Schedule

Lead Form Number: C.FP-1

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn	AE-1063	Application/ STD Enrollment Form	Initial		0	Gen STD Enrollment Form.pdf
Withdrawn	AE-1064	Application/ Disability Enrollment form Form	Initial		0	Gen Disability Enrollment Form.pdf



Underwritten by:
Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

[Employer]
[Select Short
Term Income Protection
Insurance Enrollment Form]
[Policy# /Div #]

Employer Name:		Worksite Location:	
Employee Name (Format example: John M. Smith):		SSN: ____ - ____ - ____	
Date of Birth: ____/____/____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Hire: ____/____/____		Annual Earnings:	
Occupation:		Hours Worked/Week:	
[If New Hire - First Day of Active Employment:]			
[Premium Mode: 12 months 10 months 9 months]			
[Payroll Cycle: Weekly Bi-weekly Semi-monthly Monthly]			

[Your employer is providing at no cost to you base plan coverage of \$xxx per month, Plan B, xx/xx EP. Select additional coverage by completing steps 1-3. The coverage amounts you indicate will replace all prior coverage amounts you have on file with Unum.]

Select coverage by completing steps 1-3. The coverage amounts you indicate will replace all prior coverage amounts you have on file with Unum.

[1] Choose an Elimination Period (Injury/Sickness): 0/7 7/7 14/14 30/30]

[2] Choose a Weekly Benefit Amount:

You may not purchase more coverage than the maximum weekly benefit amount. Your "Maximum Weekly Benefit" is listed on the rate sheet next to Weekly Earnings. You may choose any amount up to and including your maximum in \$100 increments. Write in your benefit amount choice and corresponding cost below.

Weekly Benefit Amount: \$_____ Monthly Cost: _____]*

* Based on premium mode selected above.

[3] Complete Enrollment Acknowledgement and Signature:

I would like to participate. My signature below verifies the accuracy of information contained on this form, and authorizes my employer to deduct from my salary or wages the necessary premium for this coverage.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. I have also read and understand the information in the Plan Highlights, including all statements regarding limitations, exclusions, benefit amounts and offsets.]

Employee Signature: _____ Date: ____/____/____

Return Forms To: _____ By: ____/____/____

If I choose not to participate, I understand that if I wish to apply for coverage at a later date, I must wait until the next annual enrollment to enroll.

Please remember to sign and date the form.



Underwritten by:
Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

[Employer]
[Select Income Protection
Insurance Enrollment Form
Policy# /Div #]

Employer Name:		Worksite Location:	
Employee Name (Format example: John M. Smith):		SSN: ____ - ____ - ____	
Date of Birth: ____/____/____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Hire: ____/____/____		Annual Earnings:	
Occupation:		Hours Worked/Week:	
[If New Hire - First Day of Active Employment:]			
[Premium Mode: 12 months 10 months 9 months]			
[Payroll Cycle: Weekly Bi-weekly Semi-monthly Monthly]			

[Your employer is providing at no cost to you base plan coverage of \$xxx per month, Plan B, xx/xx EP. Select additional coverage by completing steps 1-4. The coverage amounts you indicate will replace all prior coverage amounts you have on file with Unum.]

Select coverage by completing steps 1-4. The coverage amounts you indicate will replace all prior coverage amounts you have on file with Unum.

[1] Choose a Plan: ☐ Plan A: ADEA I ☐ Plan B: 2 year]

[2] Choose an Elimination Period: ☐0/3 ☐0/7 ☐14/14 ☐30/30 ☐60/60 ☐90/90 ☐180/180
(Injury/Sickness)]

[3] Choose a Monthly Benefit Amount:

You may not purchase more coverage than the maximum monthly benefit amount. Your "Maximum Monthly Benefit" is listed on the rate sheet next to Monthly Earnings. You may choose any amount up to and including your maximum in \$100 increments. Write in your benefit amount choice and corresponding cost below.] [The costs shown are net (after) your employer's contribution.]

[Monthly Benefit Amount: \$_____ Monthly Cost: _____*]

*Based on premium mode selected above.

[4] Complete Enrollment Acknowledgement and Signature:

I would like to participate. My signature below verifies the accuracy of information contained on this form, and authorizes my employer to deduct from my salary or wages the necessary premium for this coverage.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. I have also read and understand the information in the Plan Highlights, including all statements regarding limitations, exclusions, benefit amounts and offsets.]

Employee Signature: _____ Date: ____/____/____

Return Forms To: _____ By: ____/____/____

If I choose not to participate, I understand that if I wish to apply for coverage at a later date, I must wait until the next annual enrollment to enroll.

Please remember to sign and date the form.

<i>SERFF Tracking Number:</i>	<i>UNUM-125794860</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
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<i>Product Name:</i>	<i>STD/LTD</i>		
<i>Project Name/Number:</i>	<i>Enrollment forms/AE-1063 & AE-1064</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125794860 State: Arkansas
Filing Company: Unum Life Insurance Company of America State Tracking Number: 40101
Company Tracking Number:
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: STD/LTD
Project Name/Number: Enrollment forms/AE-1063 & AE-1064

Supporting Document Schedules

Bypassed -Name: Certification/Notice **Review Status:** Withdrawn 09/09/2008
Bypass Reason: no Flesch required for Forms
Comments:

Satisfied -Name: Application **Review Status:** Withdrawn 09/09/2008
Comments:
Attachment:
ArkansasTransmittal Form.pdf

Satisfied -Name: cover letter **Review Status:** Withdrawn 09/09/2008
Comments:
Attachment:
Enrollment Form Cover Letter.pdf

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

1.	Prepared for the State of	
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain) : _____
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6.	Company Tracking Number	
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____	
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large </div> <div> <input type="checkbox"/> Employer Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>
9.	Type of Insurance	
10.	Product Coding Matrix Filing Code	

11.	Submitted Documents	<p><u>FORMS</u></p> <p> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ </p> <p><u>RATES</u></p> <p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </p> <p><u>FILING OTHER THAN FORM OR RATE:</u></p> <p>Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <p> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </p>
12	Filing Submission Date	
13	Filing Fee (If required)	<p>Amount _____ . _____ Check Date _____</p> <p>Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____</p>
14	Date of Domiciliary Approval	
15	Filing Description:	

16	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date _____</p>	

18.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

19.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	



August 28, 2008

ARKANSAS INSURANCE DEPARTMENT
LIFE & HEALTH DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

FEIN# 01-0278678

NAIC# 62235

Re: Group Short Term/Disability
Enrollment Forms AE-1063 and AE-1064

Dear Commissioner:

Enclosed for your review and approval is a new Short Term Disability Enrollment Form and Disability Enrollment form we wish to place on file with your department. This enrollment form will be used with our C.FP-1 Modular Contract/Certificate Series approved by your Department on April 26, 1994.

Your earliest consideration of this filing would be greatly appreciated. If anything further is needed, please contact me at (800) 974-2266 x-52962, by e-mail at mmunsey@unum.com or by fax at (423) 209-3568.

Sincerely,

A handwritten signature in cursive script that reads "Margaret 'Peg' Munsey".

Margaret "Peg" Munsey
Contract Analyst
Unum Life Insurance Company of America